

Department for Medicaid Services Vision Program Fee Schedule December 2013

Proc Code	Procedure Description	Prior Authorization (PA) Indicator	Inpat. Rate	Outpat. Rate	Tech. Comp.	Prof. Comp.	Base Unit Value	Notes
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH		\$94.51	\$94.51				
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH		\$46.92	\$46.92				
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH		\$69.80	\$69.80				
92015	DETERMINATION OF REFRACTIVE STATE		\$20.22	\$20.22				
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA,		\$57.64	\$57.64				
92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA,		\$45.47	\$51.78				
92020	GONIOSCOPY (SEPARATE PROCEDURE)		\$14.99	\$18.88				
92025	CORNEAL TOPOGRAPHY		\$21.74	\$21.74	\$8.37	\$13.37		
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATIO		\$41.60	\$41.60	\$13.97	\$27.62		
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION		\$32.71	\$32.71	\$18.82	\$13.89		
92071	Fitting of contact lens for treatment of ocular surface disease.		\$27.03	\$30.13				
92072	Fitting of contact lens for management of keratoconus, initial fitting.		\$78.07	\$96.16				
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION		\$36.45	\$36.45	\$22.14	\$14.31		
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION		\$48.64	\$48.64	\$30.81	\$17.82		
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION		\$55.27	\$55.27	\$35.15	\$20.12		
92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF		\$30.59	\$33.94				
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral		\$31.75	\$31.75	\$13.35	\$18.40		
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral, optic nerve		\$38.87	\$38.87	\$13.35	\$25.52		
92134	Scanning computerized ophthalmic diagnostic imaging; retina		\$38.87	\$38.87	\$13.35	\$25.52		
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCUL		\$56.53	\$21.47	\$35.06	\$21.47		
92140	PROVOCATIVE TESTS FOR GLAUCOMA, WITH INTERPRETATION AND REPORT, WITHOU		\$18.94	\$22.96				
92225	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACH		\$23.54	\$29.58				
92226	OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACH		\$20.52	\$25.89				
92227	Remote imaging for detection of retinal disease with anaylsis and report under physician supervision, unilateral or bilateral		\$10.09	\$10.09				

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92228	Remote imaging for monitoring and management of active retinal disease with physician review, interpretation and report, unilateral or bilateral		\$26.11	\$26.11	\$10.98	\$15.13		
92230	FLUORESCIN ANGIOSCOPY WITH INTERPRETATION AND REPORT		\$27.83	\$37.09				
92235	FLUORESCIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETAT		\$68.33	\$68.33	\$28.01	\$40.32		
92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH		\$0.00	\$74.62	\$26.98	\$47.64		
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT		\$49.01	\$49.01	\$31.58	\$17.44		
92260	OPHTHALMODYNAMOMETRY		\$22.64	\$29.88				
92265	NEEDLE OCULOECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR		\$32.03	\$32.03	\$6.39	\$25.65		
92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT		\$42.95	\$42.95	\$8.53	\$34.42		
92275	ELECTRORETINOGRAPHY WITH INTERPRETATION AND REPORT		\$54.99	\$54.99	\$10.95	\$44.05		
92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT		\$15.65	\$15.65	\$3.22	\$12.43		
92284	DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT		\$23.41	\$23.41	\$4.80	\$18.61		
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR		\$13.89	\$13.89	\$2.95	\$10.94		
92286	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; W		\$53.79	\$53.79	\$10.95	\$42.84		
92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; W		\$46.10	\$66.48				
92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF		\$69.74	\$69.74				
92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF		\$44.49	\$56.56				
92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF		\$53.26	\$68.82				
92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF		\$39.53	\$51.33				
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL		\$33.00	\$33.00				
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL		\$38.00	\$38.00				
92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL		\$33.00	\$33.00				
92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL		\$39.00	\$39.00				
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA		\$29.00	\$29.00				
92371	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA		\$8.40	\$16.31				
92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	R	\$0.00	\$0.00	\$0.00	\$0.00		
V2020	VISION SVCS FRAMES PURCHASES		\$50.00					
V2100	LENS SHER SINGLE PLNAO 4.00	S	\$28.00					
V2101	SINGLE VISN SPHERE 4.12-7.00	S	\$28.00					
V2103	SPHEROCYLINDER 4.00D/12-2.00D	S	\$28.00					
V2104	SPHEROCYLINDER 4.00D/2.12-4D	S	\$28.00					

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V2105	SPHEROCYLINDER 4.00D/4.25-6D	S	\$28.00					
V2106	SPHEROCYLINDER 4.00D/>6.00D	S	\$28.00					
V2107	SPHEROCYLINDER 4.25D/12-2D	S	\$28.00					
V2108	SPHEROCYLINDER 4.25D/2.12-4D	S	\$28.00					
V2109	SPHEROCYLINDER 4.25D/4.25-6D	S	\$28.00					
V2110	SPHEROCYLINDER 4.25D/OVER 6D	S	\$28.00					
V2111	SPHEROCYLINDER 7.25D/.25-2.25	S	\$28.00					
V2112	SPHEROCYLINDER 7.25D/2.25-4D	S	\$28.00					
V2113	SPHEROCYLINDER 7.25D/4.25-6D	S	\$28.00					
V2114	SPHEROCYLINDER 7.25D/OVER 12.00D	S	\$28.00					
V2115	LENS LENTICULAR BIFOCAL	S	\$28.00					
V2118	LENS ANISEIKONIC SINGLE	S	\$28.00					
V2121	LENTICULAR LENS, SINGLE/Bifocal	S	\$28.00					
V2199	LENS SINGLE VISION NOT OTHC	S	\$28.00					
V2200	LENS SPHER BIFOCPLANO 4.00D	B	\$43.00					
V2201	LENS SPHERE BIFOCAL 4.12-7.0	B	\$43.00					
V2202	LENS SPHERE BIFOCAL 7.12-20.	B	\$43.00					
V2203	LENS SPHCYL BIFOCAL 4.00D/.1	B	\$43.00					
V2204	LENS SPHCYL BIFOCAL 4.00D/2.1	B	\$43.00					
V2205	4.25 to 6.00d CYLINDER, PER LENSES	B	\$43.00					
V2206	OVER 6.00d CYLINDER PER LENSES	B	\$43.00					
V2207	LENS SPHCYL BIFOCAL 4.25-7D/.	B	\$43.00					
V2208	LENS SPHCYL BIFOCAL 4.25-7D/2.	B	\$43.00					
V2209	4.25 to 6.00d CYLINDER, PER LENSES	B	\$43.00					
V2210	OVER 6.00d CYLINDER PER LENSES	B	\$43.00					
V2211	LENS SPHCYL BIFOCAL 7.25-12/.25	B	\$43.00					
V2212	LENS SPHCYL BIFOCAL 7.25-12/2.2	B	\$43.00					
V2213	4.25 to 6.00d CYLINDER, PER LENSES	B	\$43.00					
V2214	LENS SPHCYL BIFOCAL OVER 12	B	\$43.00					
V2215	LENS LENTICULAR BIFOCAL	B	\$43.00					
V2218	LENS ANISEIRKOKIC	B	\$43.00					
V2219	LENS BIFOCAL SEG WIDTHOVER	B	\$43.00					
V2220	LENS BIFOCAL ADD OVER 3.25D	B	\$43.00					
V2221	LENTICULAR LENS, BIFOCAL	B	\$43.00					
V2299	LENS BIFOCAL SPECIALITY	B	\$43.00					
V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00d, PER LENS	M	\$56.00					
V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12d TO PLUS OR MINUS 7.00d PER LENS	M	\$56.00					
V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12d TO PLUS OR MINUS 20.00d PER LENS	M	\$56.00					
V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00d SPHERE; .12 to 2.00d CYL. PER LENS	M	\$56.00					
V2304	2.25 to 4.00d CYLINDER PER LENS	M	\$56.00					
V2305	4.25 to 6.00d CYLINDER PER LENS	M	\$56.00					
V2306	OVER 6.00d CYLINDER PER LENS	M	\$56.00					

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V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00d SPHERE: 12 to 2.00d CYL. PER LENS	M	\$56.00					
V2308	2.12 to 4.00d CYLINDER PER LENS	M	\$56.00					
V2309	4.25 to 6.00d CYLINDER PER LENS	M	\$56.00					
V2310	OVER 6.00d CYLINDER PER LENS	M	\$56.00					
V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00d SPHERE; .25 to 2.25d CYL., PER LENS	M	\$56.00					
V2312	2.25 to 4.00d CYLINDER PER LENS	M	\$56.00					
V2313	4.25 to 6.00d CYLINDER PER LENS	M	\$56.00					
V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12.00d, PER LENS	M	\$56.00					
V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL	M	\$56.00					
V2318	ANISEIKONIC LENS, TRIFOCAL	M	\$56.00					
V2319	TRIFOCAL SEG WIDTH OVER 28mm	M	\$56.00					
V2320	TRIFOCAL ADD OVER 3.25d	M	\$56.00					
V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	M	\$56.00					
V2399	SPECIALTY TRIFOCAL (BY REPORT)	M	\$56.00					
V2430	LENS VARIABLE ASPHERICITY BI	B	\$43.00					
V2499	LENS VARIABLE ASPHERICITY	M	\$56.00					
V2799	HINGE REPAIR USE MODIFIER (LT OR RT)		\$15.00					
92002	OPHTHALMOLOGICAL SERVICES;MEDICAL EXAM AND EVAL WITH INITATION OR CONTINUATION OF DIAGNOSTIC AND		51.67					
92004	COMPREHENSIVE, NEW PATIENT ONE OR MORE SERVICES		94.51					
92012	OPHTHALMOLOGICAL SERVICES; MEDICAL EXAM AND EVAL WITH INITATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM - ESTABLISHED PATIENT		46.92					
92014	COMPREHENSIVE, ESTABLISHED PATIENT ONE OR MORE SERVICES		69.8					
92499	TEMPLES ONLY USED MODIFIER (LT OR RT)		\$3.50					
92499	FRONT ONLY USE MODIFIER UC		\$14.00					
92340	FITTING OF SPECTACLES		\$33.00					
92341	FITTING OF SPECTACLES BIFOCAL		\$38.00					
92352	SPECIAL SPECTACLES FITTING MONOFOCAL		\$33.00					
92353	SPECIAL SPECTACLES FITTING MULTIFOCAL		\$39.00					
92370	REPAIR AND ADJUSTMENT SPECTACLES		\$29.00					
	PER LICENSURE, OTHER OPTOMETRIC,OPHTHAMALIC CPT CODES ARE LOCATED ON THE PHYSICIAN'S FEE							
	SCHEDULE. PLEASE REVIEW TO DETERMINE AVAILABLE CPT CODES AND REIMBURSEMENT RATE							

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	S=SINGLE LENS, B=BIFOCAL, M=MULTIFOCAL							